

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

01-31-2002 90030 012 ****50.00

DOCUMENT # L01000007219

1. Entity Name

ISLAND STUFF USA LLC

Principal Place of Business

**3745 NE 171ST STREET #50
 NORTH MIAMI BEACH FL 33160**

Mailing Address

**3745 NE 171ST STREET #50
 NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1098465

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSS, STEVE
 3745 NE 171ST STREET #50
 NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Steve Ross
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

1-15-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

PRESIDENT
STEVEN ROSS Delete
3745 NE 171ST ST #50
N. MIAMI BEACH, FL 33160

10. ADDITIONS/CHANGES

TITLE NAME Change Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition

STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Steve Ross
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

305-940-6404

CR2003 (9/01)